Statement of Changes in Beneficial Ownership of Securities

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person
   Stelter Roxanne
   PO BOX 4030, NH353
   GOLDEN, CO 80401

2. Issuer Name and Ticker or Trading Symbol
   MOLSON COORS BEVERAGE CO [ TAP ]

3. Date of Earliest Transaction
   3/6/2021

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
   _X_ Officer (give title below)  __ Other (specify below)
   VP, Controller & Chf Acct Off

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class B Common Stock</td>
<td>3/6/2021</td>
<td>C</td>
<td>285</td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Exercisable and Expiration Date</th>
<th>Title</th>
<th>Price</th>
</tr>
</thead>
</table>

Explanation of Responses:
(1) Represents shares of Class B common stock withheld by the issuer to cover tax withholding obligations for the reporting person upon the vesting of restricted stock units previously granted to the reporting person.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stelter Roxanne</td>
<td>Director 10% Owner Officer VP, Controller &amp; Chf Acct Off</td>
</tr>
<tr>
<td>PO BOX 4030 NH353 GOLDEN, CO 80401</td>
<td></td>
</tr>
</tbody>
</table>

Signatures

_/s/ David Knaff, by Power of Attorney_  3/9/2021

Signature of Reporting Person  Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).


Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.